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ABSTRACT

An evaluation was conducted of four faculty development workshops sponsored by the Society of Teachers of Family Medicine for faculty in family practice residency programs. Objectives of the evaluation were to determine the extent to which the workshops achieved the specified educational objectives and to assess the operational aspects of the workshops. The response of participants to different curricular components, logistic considerations, the mix of participants, and cost considerations were assessed. A participant questionnaire provided background information on participants and their institutions and reactions to the workshops. Judgments regarding success of the workshops are based on multiple sources, including the evaluation team, participants, education planning committee representatives, and the workshop staff. The judgmental statements use criteria regarding achievement, participant reactions, discrepancies between intended and observed activities, ratings on Havelock's seven factors for information dissemination, and the appropriateness of the workshop activities relative to the objectives of the project. Descriptions are provided of the evaluation procedures, the workshops, and the judgments of effectiveness. Appendices include: the participant questionnaire, faculty activities rating, curriculum check list, component session rating, dissemination and utilization rating form, and participant summary data. (SW)

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EVALUATION REPORT

Workshops for Faculty Development in Family Medicine

by
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Prepared for the Society of Teachers of Family Medicine
1740 West 92nd Street, Kansas City, Missouri

(May, 1977)

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I. Introduction

A. Purpose

This evaluation was designed to gather information about four faculty development workshops sponsored by the Society of Teachers of Family Medicine (STFM). The four workshops were designed to improve academic skills of Faculty in Family Practice Residency Programs. The goal was to assist family practice faculty in acquiring the necessary skills and attitudes to function as effective faculty members as well as to adjust to their new roles. The workshops were held at four geographically diverse sites during March, 1977.

The Faculty Development Project was conceived and developed by the STFM Education Planning Committee to promote faculty development seminars in the field of family medicine. This need grew out of the rapid expansion of family practice residency programs and attendant stress on faculty resources. Faculty members are frequently former clinicians who came to the academic community without prior training in skills and techniques related to teaching residents or running an academic program.

The goals of the STFM project were to promote workshop activities which would facilitate faculty development, to gather information about the effectiveness of the workshop format for faculty development and to develop a guidebook for family practice faculty development workshops based on a thorough evaluation of workshop

processes and outcomes. An integral part of the project was the evaluation of the pilot workshops. The evaluation was developed and carried out to provide information about the strengths and limitations of four different workshops. This information was to be used in writing a guidebook for future workshop planners. The evaluation was designed with that goal in mind.

B. Audiences and Their Needs

The primary audiences for this report are the Education Planning Committee of the Society of Teachers of Family Medicine and the Department of Health, Education and Welfare. The STFM Education Planning Committee has responsibility for developing a guidebook for future workshops in faculty development. They need information not only about whether the workshop is an effective delivery system for disseminating information about faculty skills but also evidence suggesting which of a variety of components, techniques, content, etc., will work in future workshops.

In addition to providing financial support for this pilot project, HEW maintains an interest in upgrading the effectiveness of academic programs which prepare health care professionals. It is our hope that this report may be useful in assessing future requests for funding of delivery systems intended to promote faculty development in a medical setting.

Secondary audiences for this report include staff and participants of the four pilot workshops, directors of family practice residency programs, and future family practice faculty development

workshop directors and coordinators; in short, all professionals who have an interest in the development of faculty of family practice residency programs. Hopefully, many such individuals will find some information useful for their particular needs.

C. Evaluators: Bias and Rationale

The evaluation was conducted by two persons having a variety of evaluation experiences and education backgrounds in Psychology, Educational Psychology, Science, and Medical Education. The underlying purpose of evaluation is seen as providing useful information to decision makers. In the present case, the set of decision needs focuses on development of a guidebook for conducting faculty development workshops for faculty in family practice residency programs.

Because of the complexity and multi-faceted nature of workshop activities, a multiple data point approach was used. Information was gathered using several techniques from different data sources. A major advantage of this approach is that it can suggest areas where a consensus exists regarding salient activities or outcomes. This can be thought of as conceptually similar to the triangulation method for determining the position of a ship using sextant bearings.

D. The Evaluation Team

The evaluation team consisted of Robert Reineke, Ph.D. and Wayne Welch, Ph.D., both at the University of Minnesota.

Dr. Reineke is an Assistant Professor of Educational Psychology in the College of Education and Assistant Director of the Minnesota

Research and Evaluation Project. His primary research interests are in measurement and evaluation and he has directed or assisted with a variety of evaluation studies. Dr. Reineke holds academic degrees in psychology and educational psychology.

Dr. Welch, a Professor of Educational Psychology in the College of Education, has had extensive experience in program evaluation in a variety of settings including science education and health sciences. He holds academic degrees in science and in science education.

E. Evaluation Objectives

There were two basic evaluation objectives:

(1) To determine the extent to which the workshop achieved the specified educational objectives.

(2) To assess the operational aspects of the workshops with respect to the relative response of participants to different curricular components of the workshops, logistic considerations, mix of the participants and cost considerations.

The specific evaluation procedures described below were designed to accomplish these objectives by providing a variety of descriptive and judgmental data. Description and judgment are a part of both basic evaluation objectives.

II. Evaluation Procedures

A. Evaluation Framework

Multiple data sources and techniques which would provide both

descriptive and judgmental data served as the framework for the evaluation. The Participant (source) Questionnaire (technique), for example, provided background information on participants and their institutions (description) and participant reactions to various workshop components (judgments).

The descriptions of the four workshops include information about eight components:

(1) Rationale/Philosophy

(2) Goals/Objectives

(3) Setting

(4) Staff characteristics

(5) Organization

(6) Activities

(7) Participants

(8) Cost summary

The primary purpose of the descriptive information is to portray the workshops and to aid in understanding so that judgments can be interpreted in context.

Judgments regarding success of the workshops are based on multiple outcomes and are made by multiple sources including the evaluation team, participants, Education Planning Committee representatives and the workshop staff. The judgmental statements use criteria regarding achievement, participant reactions, discrepancies between intended and observed activities, ratings on Havelock's seven factors for information dissemination, and the appropriateness of the workshop activities relative to the objectives of the STFM

project.

The evaluation occurred in three phases: planning and development, implementation and analysis, and report writing. A chronological summary of all phases is presented in Figure 1.

[Insert Figure 1 here]

B. Planning and Development

Planning and development activities focused on identifying data sources, instrumentation and procedures which would provide the necessary information to describe and judge the workshop according to the overall evaluation objectives. This identification process was accomplished by a review of literature regarding faculty development workshops such as the summary article (draft copy), Guidelines for Planning Faculty Development Workshops, Bland 1977. Conversations with persons familiar with Family Practice Residency Programs at the University of Minnesota and Washington were held to clarify the purpose and procedures of the total program and to better understand the milieu from which workshop participants would come. Other background information was obtained from continued review of the initial Request for Proposal (RFP), perusal of the workshop proposals and previous evaluation reports.

Based on the aforementioned background information, proposed evaluation framework and objectives and available information sources, several data-gathering procedures were developed and refined. These included interviews, questionnaires and observation forms which are described below.

Evaluation Timeline

Event	Date(s)
Reviewed relevant literature	Sept. 15-Oct. 1 (1976)
Developed the evaluation framework	Oct.1-Dec. 1
Attended STFM Education Planning Committee Meeting to select proposals	November 8-9
Reviewed four selected workshop proposals	Nov. 15-Dec. 1
Letter of introduction sent to Workshop Directors	November 26
Summary of workshops completed (based on proposals)	December 1
Reineke met with Carole Bland to discuss Family Practice Residency Program operation	December 9
Telephone contact established with Workshop Diectors/Coordinators	Dec. 26-Jan. 5 (1977)
Evaluation plan including procedures and draft instruments finalized	Jan. 1-Feb. 10
Evaluation Progress Report sent to Executive Director	February 4
Draft copies of questionnaires and observation forms sent to Planning Committee members for review	February 15
Pilot review of Participant Questionnaire by local Family Practice Physician	February 25
Final drafts of instruments completed	February 28
Copies of observation forms mailed to Planning Committee representatives	March 2
Final arrangements made for attending workshops	March 4
Welch, Reineke, Arradondo observed Workshop A	March 9-12
Reineke and Shahady observed Workshop B	March 13-17
Welch and Baker observed Workshop C	March 28-31
Reineke and Bland observed Workshop D	March 27-31

Event	Date(s)
Follow up of participant non-respondents	March 15-April 10
Participant data (questionnaires) transferred to IBM cards	April 2-April 15
Computer data analysis completed	April 20
Observation form data summaries completed	April 22
Oral presentation of results made to the Planning Committee in Atlanta	April 30
Four individual workshop reports written	April 20-May 30
Final evaluation report written	May 5-June 10
Final report printed and distributed	June 15

Figure 1

1. Staff interview. In order to verify the various activities and objectives of each workshop as stated in the proposal or to determine what, if any, changes had been made, interviews were scheduled just prior to each of the workshops. The other goals of the interviews were to obtain information about the local workshop evaluation plan, to establish rapport with the staff, and to explain the external evaluation procedures.

2. Participant questionnaire. An essential data source for any evaluation are the participants or consumers of the activity being evaluated. Participant information was necessary not only to gather their judgments about the workshop quality but also for description of the workshop (who attended) and as a source of recommendations for future workshops of this type. Consequently

participant questionnaire items (see Appendix A) were designed to gather information about:

(1) Participant backgrounds

(2) The type of institution with which participants were affiliated

(3) Participants' perceptions of workshop quality

(4) Participants' perceptions of workshop suitability

(5) Participants' perceptions of nine workshop components

(6) Participant suggestions for improving the workshop experience

3. Faculty activities rating. As stated in the initial RFP, (Section III, Goals and Objectives), "The Goal of this proposed project is to promote seminars [workshops] that facilitate faculty development," and "The emphasis . . . is that faculty development is a result of the seminars promoted." This stated emphasis is reflected in the evaluation goal previously stated; to determine the extent to which the workshops achieve the specified educational objectives. Due to the potential variety of specific educational objectives at the four locations and the requirement to use the same evaluation design for all workshops, a standard achievement test was not feasible. As an alternative, the Faculty Activities Rating (FAR) was developed to assess achievement gain somewhat indirectly.

The FAR (shown in Appendix B) was intended to measure participants' perception of their knowledge of the educational objectives

listed in the original RFP; those related to faculty roles in teaching, administrative and academic areas. This rating form also asked participants to indicate how important they perceived each of these specific faculty role objectives. In addition, four items were added which asked participants to indicate their feelings about being a faculty member.

This rating form was administered to the participants just prior to and immediately following the workshop activities. This pre-post test procedure was designed to detect any treatment effects due to workshop participation.

Descriptive and judgmental data was obtained by the external evaluators and planning committee representative by keeping a diary of events, talking with participants and staff and completing several ratings of individual sessions. The rating forms included the Curriculum Check List, Component Session Rating, and Dissemination and Utilization Rating Form. These are found in Appendices C, D, and E respectively.

4. Curriculum Check List. This form required the rater to estimate both the amount of time and relative emphasis (using a seven-point scale) given to each of the twelve objective areas listed in the RFP. The twelve objective areas were made up of four skills in each of the three faculty role areas: teaching, administration and academic skills. The summary information for the entire workshop would facilitate description of the relative time and

emphasis given to the three suggested workshop topic areas.

5. Component Session Rating. In addition to content emphasis, information was desired to assess the relative impact of individual sessions in terms of how well each functioned in presenting the information. So, each defined segment or component session of the workshop was rated in terms of its content, suitability, and presentation using an adjectival scale ranging from "excellent" to "poor." The summary data on the "Component Session Rating" across raters for each session provides evidence regarding styles or techniques which seemed most appropriate for the workshop format.

6. Dissemination and Utilization Rating Form. The final rating form used by the evaluation teams was the Dissemination and Utilization Rating Form. Because of its rather theoretical nature, some background information on its development will be provided.

Ronald Havelock and his associates have proposed seven general factors which they suggest account for most dissemination and utilization phenomena. (Havelock, et. al, 1973) Their theoretical structure is based on a review of nearly 4000 studies of the D & U process. It is helpful to consider knowledge transfer in terms of a delivery system linking a sender and a receiver. The delivery system is thought to possess a higher probability of success in the transfer of knowledge to the extent that it is characterized by the presence of the following factors:

(1) Linkage - allows direct contact; two way interaction.

(2) Structure - systematic strategy, timing to fit user's

problem-solving cycle, attention to management.

(3) Openness - flexible, allows informal communication between sender and receiver.

(4) Capacity - ability to carry maximum information, accessible to many users, power to influence.

(5) Reward - can convey feedback, delivery system or channel; has a past history of reinforcement.

(6) Proximity - easily accessible, familiar to user.

(7) Synergy - the number and diversity, continuity and persistence of different channels to transmit the message.

The Dissemination and Utilization Rating Form was based on this theoretical structure and completed for each component workshop session by the evaluator and planning committee representative. The summary information from these ratings was intended to help judge the effectiveness of the workshops as information delivery systems.

7. Discrepancy Check List. Lastly, a Discrepancy Check List was maintained by the evaluator which listed twenty-one specific guidelines for workshops. These guidelines were gleaned from the RFP and represented the "state of the art" based on a literature review. Each proposal was examined to determine which of their guideline specifications had been promised. The workshops were observed to determine which specifications had been met.

C. Implementation

The procedures followed and sequence of evaluation events were

the same for all four workshops. Each was observed by a member of the external evaluation team and a STFM Education Planning Committee member with the exception of the first workshop which both external evaluators attended. This was done to standardize the procedures for the remaining workshops. Each of the two external evaluators observed two workshops while Planning Committee members attended one.

An informal meeting between the external evaluator and STFM Committee Member was held just prior to each workshop to insure their understanding of the rating forms and evaluation procedures (the evaluation forms had been previously sent to each member). Their primary evaluation responsibilities were to rate the workshop activities, judge the emphasis on teaching, administrative and academic skills, and rate the dissemination and utilization factors. Because the ratings procedure was new to the members, the initial ratings were discussed to clarify their purpose and judge the extent of agreement. General agreement between the raters was found.

Meetings with each staff were held prior to the workshop to explain the evaluation procedures, answer their questions concerning our purpose, gather some workshop information, and to get acquainted. There was general agreement among all concerned that these meetings were important in establishing rapport between the staff and evaluation team. While a little staff defensiveness toward the evaluator was noted at two locations, these initial discussions served to

substantially reduce or eliminate it.

To establish a working relationship with participants, time was set aside during the welcome session for the evaluators to be introduced. At that time both the external evaluator and committee member explained their respective roles and the purpose of the external evaluation. Also during the first session, the participants were asked to complete the pre-test Faculty Activities Rating. The instructions given at that time included an explanation of the questionnaire, how the information would be used and emphasized the anonymity of responses. To assure the confidence of participants, names were not asked for on any of the instruments. Finally, participants were informed that the evaluators would be observing and recording during all the workshop activities.

Two decisions were made regarding the involvement of the evaluation team in the workshop activities. It was decided and explained to workshop directors that it would be the external evaluator's prerogative to decline all invitations to participate in specific workshop events. This decision was based on the necessity to maintain a record of activities as well as rating the various sessions and the possibility of contamination of description or ratings. The STFM committee member, on the other hand, did at times join participants for a number of activities. And, the external evaluators chose to participate in activities which were either social in nature such as self introductions or individual work such as completing self-report forms. In large

part, the involvement chosen by evaluators was to maintain rapport with the participants by getting into the spirit of the workshop. An evaluator at one workshop participated in a mini-taping session with the workshop coordinator at the specific request of other participants who said, "Okay, we've been taped and analyzed and now it's your turn."

The second evaluator participation decision was that the evaluators would refrain from making specific comments or suggestions about the conduct of the workshop. As the unit of analysis for the external evaluation is the entire workshop, it was considered important that the external evaluator not affect the workshop content, structure, activities, or local evaluation. Participation by the evaluators in this way would effectively make them a temporary local staff member. While the rationale for the objective posture was described, the staff was assured that evaluator perceptions and comments would be offered during the post-workshop staff interview/discussion.

The post-test Faculty Activities Rating and Participant Questionnaire were administered to participants at the last formal workshop session. The FAR procedure was the same as during the pre-test. The questionnaire administration took about 30 to 45 minutes.

Subsequent to the end of the workshop and after participants had left, a meeting with the workshop staff was held. At this time, the evaluators presented to the staff their overall impressions

of the workshop and offered specific comments about activities, content, etc. This session was also used to gather staff impressessions and to request that additional information such as cost summaries be sent to the evaluator when available.

The discussion of the workshop implementation can be completed with two general remarks. First, the evaluators were to a great extent seen as participants. The evaluators sat among participants, had frequent opportunities to listen to their conversations and talk with them, both during sessions and informally, and were able to observe facial expressions, attentiveness, and fatigue. The participants appeared to accept the purpose of the external monitors as well as their presence. Second, without exception, the evaluation was enhanced by the complete cooperation on the part of workshop directors, coordinators and staff.

D. Data Analysis and Report Writing

Summary data for the two participant questionnaires and several evaluator rating forms were computed using both hand and machine scoring. Open-ended participant questionnaire items were examined and coded by category of response.

Responses to the Participant Questionnaire and Faculty Activities Rating (FAR) were transferred to IBM cards for machine scoring. The various summary data reported as item means or response frequencies as well as statistical tests of significance and reliability estimates were completed using the Statistical Package for the Social Sciences (SPSS) Program.

The numbers of participants attending the four workshops and completing the questionnaire items is shown in Figure 2 below:

Number of Participants and Questionnaire Responses by Workshop

Item	A	B	C	D	Total
Total attending	29	33	32	21	115
Questionnaire	28	33	29	20	110
FAR	27	32	24	16	99

Figure 2

As shown in Figure 2, the overall response rate for the two participant forms was very high, 96 percent for the questionnaire and 87 percent for the FAR. The missing data forms resulted either because participants left the workshop before the final evaluation activity or in the case of the FAR, either the pre or post test was not completed. The FAR results were calculated for the subset of participants who completed both the pre and post tests (N = 99). Particular item summaries for the questionnaire are occasionally based on fewer than 110 cases due to missing data. Tests of significance for the pre-post FAR items ~~was~~ were calculated using a correlated sample T-test procedure for each of the eight scales. (The FAR items comprising each scale are shown in Table 1.) The level of significance for these tests was set at .05.

The evaluator rating forms were hand scored. Mean values are based on the combined ratings of both the external evaluator and STFM committee representative.

Specific evaluation reports for each of the four workshops were written expressly for the STFM Education Planning Committee and respective workshop staff. Each external evaluator drafted reports for the two workshops for which he had primary responsibility. The general report includes information about each workshop but is written to focus on the findings for the set of faculty development workshops.

III. Workshop Descriptions

Evaluation reports of the four workshops were written for use by the workshop staff and the Planning Committee. A brief description of each workshop, based on the detailed reports, is presented below. Because it is the purpose of these pilot projects and evaluations to develop guidelines for future workshops rather than to compare and judge in order to select a "best" workshop, and at the request of the STFM Education Planning Committee, individual workshops are not identified by name. They are merely referred to as Workshops A, B, C, and D.

A. Workshop A

Workshop A was designed to provide participants with a system for organizing residency programs using six basic components: (1) personal skills, (2) precepting, (3) evaluation, (4) educational and personal support systems, (5) data collection and research, and (6) financial planning. A role model approach was used to build conceptual bridges into education systems (demythologize education) and suggest areas of research and methods for financial planning.

Twenty-one specific objectives within the basic framework were covered during this four day workshop.

The workshop was conducted by a university family practice residency program staff consisting of seven M.D.'s, Ph.D.'s, and other professional specialists at a retreat setting in a remote area near the university. The core staff used a team approach in conducting the workshop. The major organizational responsibility was held by the workshop coordinator while the leadership function was shared among the local program director, the workshop coordinator and a key staff member. The organization, functioning and smoothness of operation suggested a significant amount of pre-planning activity.

The workshop consisted of 15 sessions of varied format including lecture, large group discussion, small group discussions and individual work periods. These varied activities were generally sequenced to (1) provide background information regarding specific objectives (lectures), (2) ask the participant to apply the information to a "home problem" (individual work period), (3) discuss the application of principles to local programs (small group discussion) and (4) share in the synthesis of information (large group discussion). The specific workshop objectives were covered during the day sessions with additional topics of interest presented at three evening sessions.

B. Workshop B

The rationale underlying Workshop B was to provide participants

with a systematic approach to conducting residency programs using the clinician's role as a model. Based on the assumption that all participants followed a similar procedure in the care of patients, parallel systems were presented for functioning as a teacher, administrator, evaluator and researcher. Three general workshop program goals and seventeen specific objectives were listed.

Workshop B was developed and implemented by four staff from a university residency program, assisted by several additional members who served as lecturers or discussants. The workshop was conducted at a local motel with conference facilities and at the local family practice residency center. Leadership responsibility was shared by the workshop director and coordinator. The coordinator assumed responsibility for organizational functioning and program sequence. A majority of the sessions ran on schedule, although one was eliminated due to an extended presentation for the preceding activity. The general smoothness of operation and preparedness of the staff suggested a considerable planning effort.

Workshop activities were conducted during seventeen sessions, following a similar pattern. Instructional material was first presented by a lecture and clarification period. Participants then formed into small groups (each group was assigned a role, i.e., teacher, administrator, evaluator, researcher) to relate the lecture content to the faculty role. The results of these discussions were then presented to the large group by a role group representative. Exceptions to this occurred during the second day for the audio-

visual taping session and group design of a residency curriculum. For these practice sessions small groups were formed which remained intact for the entire instructional period. The informal evening sessions were used as general "rap" sessions and to allow participants to become familiar with available resources in faculty development (samples were provided). The workshop duration covered parts of five days, with the majority of content sessions completed during the middle three.

C. Workshop C

The main objectives of this workshop were directed toward personal growth and leadership development using the concepts of experiential learning. This means, simply, learning something by doing it. The theory holds that experience precedes learning and that the learning derived from any experience comes from the learner himself.

By applying several laboratory techniques, e.g., small group work, feedback, publishing, the workshop hoped to improve teaching and administrative skills by getting participants to develop awareness of self and others, and to learn skills in interpersonal relations. By studying and experiencing these techniques in the context of some problems encountered by faculty in Family Medicine, it was hoped that participants would improve in their roles as faculty and administrators.

The workshop was planned and conducted by an external consultant team experienced in personal and organizational development. A

third member of the team was a director of a local Family Medicine program. These three were responsible for instruction, organization, and continuity.

Sessions were held on three consecutive days with nine hours a day used for workshop activities. The morning and afternoon sessions were followed by an evening session each night from 7:00 to 10:00 p.m.

The syle of the workshop was open and flexible, and included a great many activities designed to involve the participants in personal interactions. Casual attire, newsprint taped to the walls, evolving agendas, and open staff meetings were characteristic of this workshop.

D. Workshop D

This workshop was designed for and carried out for faculty having instructional responsibilities in community-based family practice residency programs. A four-phase procedure consisting of Planning, Design, Implementation, and Evaluation was used to develop the focus and activities of the workshop. A needs assessment procedure, called the Nominal Group Process, was used prior to the workshop to identify the major objectives. Specific activities were developed and designed for the problems identified during the needs assessment.

The staff included representatives from the local family medicine program and a number of Ph.D.'s from the attached office of research in medical education. Although this was the first time

these two groups had worked together, staff cooperation and overall effectiveness were rated high. Participants were selected primarily from a single state and most were well-known by the staff.

The workshop scheduled four guest speakers to address several problems related to community-based programs. In addition, the large number of specially developed activities resulted in a fast-paced, high-density experience for the participants.

Lodging was provided in local motels while the workshop itself was held in a faculty and alumni club bordering the university. Special care was taken with the menus, meeting accomodations, and general comfort of the participants.

A total of thirteen sessions were held, consisting of a variety of didactic and experiential methods. Small group work was a dominant theme. Evening sessions were not held except for one group dinner.

E. Descriptive Summary of Participants

The group of participants attending the four workshops can be characterized by a description of the "typical" participant. This summary is based on 110 out of 115* attendees who completed the Participant Questionnaire and represents averaged responses (mean) or those given most frequently. Complete summary data describing the participants and their home institutions are presented in Appendix F.

*Some results are based on less than 110 cases because participants did not answer certain items.

The typical workshop participant is either a director or co-director (61%) of a Family Practice Residency program in a community hospital (75%). The local program is likely to have about six faculty who teach 16 residents and 22 undergraduates. The participant is nearly always male, has an M.D. degree (95%) awarded in 1962, and considers Family Practice his specialty area. He has had about two years of faculty experience but probably has not previously attended a faculty development workshop. His major faculty interests, reason for attending the workshop and most of his 80 percent faculty time are related to resident teaching. Finally, the participant traveled an average of 1250 miles round trip to attend.

The Request for Proposals sent out by the Society of Teachers of Family Medicine outlined four participant selection criteria. Frequencies expressed as percent of participants meeting these criteria are described below:

(1) Devote 50% or more time as a faculty member (81%).

(2) Attended with at least one other faculty member from their program (58%).

(3) Faculty member for three years or less (83%).

(4) Never previously attended a faculty development workshop (69%).

IV. Judgments of Effectiveness

The multiple data point method requires judgments about many facets of the workshops to be made by several observers. A judgment is considered to reflect an assessment of merit or worth. Such an

assessment usually is based on some standard, either explicitly stated or implied. In the present case, such standards are difficult to define because of the pilot nature of the workshops under consideration and the idiosyncratic standards which individual participants use to judge their experiences. For example, only 30 percent of the participants had previously attended workshops of this type. While various effectiveness estimates have been established based on statistical tests or objective estimates, we believe that results from these pilot workshops may appropriately be used to establish standards for similar future workshops. Results (judgments) of the various procedures designed to provide information about workshop effectiveness made by the participants, evaluation team, and workshop staff are presented below.

A. Participant Ratings

Perhaps the most qualified and certainly most important judges of workshop effectiveness are the participants themselves. For this reason, a variety of questions were posed to the participant groups regarding several aspects of the workshops, using the two questionnaires described above.

In addition to the previously reported information on background and home institution, questions were included which asked for participant impressions of workshop components and activities, and their judgments of workshop strengths and limitations. We were also interested in determining the extent to which the workshop changed their perceived knowledge and perceived importance of a number of faculty skills and attitudes.

1. Pre-Post Changes. One of the evaluation goals was "to determine the extent to which the workshop(s) achieved the specified educational objectives." A test of perceived knowledge and a scale of perceived importance was developed for this purpose.

The Faculty Activities Rating (FAR) Test comprises 36 items about the teaching, administrator, and academic role skills listed in the original RFP. It also included items about perceptions of the family medicine faculty role. The FAR was given to participants just prior to and immediately after the workshop.

Individual item responses were combined to form eight scales, four on the importance of teaching, administration and academic skills and faculty role perceptions and four on perceived knowledge in each of these same areas. The internal consistency reliability estimates of the scales ranged from .54 to .81 on the pre-test. The knowledge ratings were on a four-point scale:

4 = Very knowledgeable
3 = Somewhat knowledgeable
2 = Somewhat unknowledgeable
1 = Very unknowledgeable

while the importance items were rated:

3 = Very important
2 = Somewhat important
1 = Not important

Results of the FAR for pre and post tests at the four individual workshops and combined workshops are shown in Table 1.

[Insert Table 1 here]

Table 1

T-Tests on FAR Scales[1] (Knowledge Ratings)
Correlated Samples by Workshop

Workshop	Scale[1]	Mean Pre	Mean Post	Mean Gain	T-Value	2-Tail Probability
A (N=27)	Teaching	36.04	46.54	10.50	8.65	.000*
	Administration	20.60	24.10	3.50	4.16	.000*
	Academe	23.23	27.61	4.39	5.81	.000*
	Feelings	12.43	13.21	.78	1.66	.108
B (N=32)	Teaching	37.34	45.28	7.94	7.89	.000*
	Administration	20.94	23.81	2.88	4.47	.000*
	Academe	24.68	28.16	3.46	6.70	.000*
	Feelings	12.62	13.16	.53	2.28	.000*
C (N=24)	Teaching	37.38	42.17	4.79	5.04	.000*
	Administration	21.33	22.33	1.00	1.51	.145
	Academe	24.71	25.12	.42	.60	.553
	Feelings	12.00	12.12	.12	.47	.641
D (N=16)	Teaching	41.12	46.31	5.18	4.14	.001*
	Administration	21.25	23.94	2.68	2.99	.009*
	Academe	25.50	27.44	1.94	2.56	.022*
	Feelings	12.88	13.38	.50	1.20	.251
Combined Workshops (N=99)	Teaching	37.78	45.01	7.23	13.01	.000*
	Administration	21.04	23.50	2.46	6.59	.000*
	Academe	24.54	27.16	2.63	7.53	.000*
	Feelings	12.58	12.97	.38	2.85	.005*

*Significant at .05 level

[1]

Scale	Faculty Activity Rating (FAR) Items
Teaching (15 items)	1,2,3,4,5,6,7,8,9,22,23,24,25,26,27
Administration (8 items)	10,11,12,13,14,28,29,30
Academe (9 items)	15,16,17,18,19,20,21,31,32
Feelings (4 items)	33,34,35,36

Examination of Table 1 shows that there were significant gains ($p < .05$) for all knowledge scales when workshops are combined. In addition, all the individual workshops resulted in significant gain scores for the teaching scale. Workshops A and B showed the greatest change as reflected in the column showing mean differences. This was a result of both high post test scores and relatively low pre test scores. The change evidenced at Workshop C, though positive, was not statistically significant for any but the Teaching scale. These change data provide evidence that the set of workshops were successful in achieving the specified educational objectives.

The results suggest that participants left the workshops believing they were more knowledgeable in certain faculty skills considered important for conducting family practice residency programs. Nearly half of the change scores were greater than one standard deviation unit. Change scores of that magnitude do not frequently occur in educational settings. (Unfortunately, the relationship between actual knowledge gain and knowledge perception is not well established. It seems reasonable to assume there is a positive relationship. For the moment, we can say knowledge perceptions showed significant gains. We do not know about "actual" knowledge change.)

The second task involving the four FAR scales was for participants to rate the importance they would attach to the particular skill or role suggested by each item. Scale scores were computed as before except the range of item scores was three rather than four. Results of the Importance ratings are shown in Table 2.

[Insert Table 2 here]

Table 2

T-Tests on FAR Scales (Importance Ratings)

Correlated Samples by Workshop

Workshop	Scale	Mean Pre	Mean Post	Mean Difference	T-Value	2-Tail Probability
A (N=27)	Teaching	39.07	40.52	1.44	3.14	.004*
	Administration	17.93	18.22	.29	.65	.524
	Academe	22.33	23.04	.70	1.68	.106
	Feelings	9.44	9.78	.33	1.56	.131
B (N=32)	Teaching	38.03	40.46	2.44	4.78	.000*
	Administration	18.41	19.78	1.38	3.29	.003*
	Academe	22.97	23.63	.66	1.44	.159
	Feelings	9.81	10.38	.56	2.18	.037*
C (N=24)	Teaching	39.37	39.87	.50	1.19	.247
	Administration	17.96	18.17	.21	.37	.717
	Academe	23.17	22.92	-.25	-.51	.615
	Feelings	9.58	9.87	.29	.94	.356
D (N=16)	Teaching	37.56	38.56	1.00	1.55	.142
	Administration	17.19	19.19	2.00	2.56	.022*
	Academe	22.06	22.75	.68	1.19	.251
	Feelings	9.56	10.06	.50	1.83	.088
Combined Workshops (N=99)	Teaching	38.56	40.03	1.46	5.61	.000*
	Administration	17.96	18.86	.90	3.36	.001*
	Academe	22.70	23.15	.45	1.90	.061
	Feelings	9.62	10.04	.42	3.20	.002*

*Significant at .05 level

As with the knowledge ratings, the importance participants attached to the various skills increased for all areas except importance of academic skills at one workshop. The amount of change was much less as was the number of significant results (only 5 of the 16 scales across the 4 individual workshops were significant at the .05 level). However, in combining the workshops, three of the four component FAR scales showed statistically significant change. (Note, however, that statistical significance is affected by the number of cases.) While a statistical interpretation of significance is warranted, caution is advised in interpreting these results as representing much in the way of practically significant change. The small gain in perceived importance is in part explained by the relatively high pre-test scores on these variables. This "ceiling effect" clearly limited the extent of change possible and suggests that the skills selected for inclusion in the workshop are considered by participants to be quite important.

2. Questionnaire Responses. In addition to providing background data, the questionnaire asked participants to rate the workshop they attended in terms of its overall Quality, Suitability and effectiveness on various workshop components. The Quality scale consisted of nine items such as "The staff at this workshop seemed very competent." (see Participant Questionnaire, p. 3) This scale provided a measure of general workshop quality. The reliability of the Quality scale was .83 using Cronbach's Alpha technique. The Suitability scale contained 5 items about the relevance of the workshop experience to the participant's home setting. For example, "The things I learned here will be valueable to the rest of my

colleagues back home." (PQ, p. 3) This scale reliability was .78. Participants were asked to indicate the extent of their agreement or disagreement with each statement of the scales; from Strongly Agree (AA) = 5 to Strongly Disagree (DD) = 1.

Additional participant ratings were made of nine workshop components such as the Setting, Staff, Objectives, etc. These ratings were made on a nine-point scale anchored by brief descriptive statements. Each descriptive statement offered three rating values as in the example below:

Staff

9 8 7	6 5 4	3 2 1
Highly competent and interesting	Average ability, some limitations	Ill prepared and uninteresting

Summary results for the Suitability and Quality scales and the component ratings for each workshop and the combined workshops are presented in Table 3.

[Insert Table 3 here]

An a priori standard of 4.0 was set for the Quality and Suitability scales as the "desired outcome." Similarly, 7.0 was established as the standard for the nine component areas. Mean scores below 7.0 but above 4.0 were considered areas for possible concern and values below 4.0 definite limitations.

Several results of Table 3 are noted. First, the combined workshops met the a priori standards for the Quality and Suitability ratings as well as seven of the nine components. Only the setting and workshop activities failed to meet the established criterion

Table 3

Faculty Ratings of Workshop Quality, Suitability and Components

Variable	Workshop A	B	C	D	Combined
General Quality	4.20	4.45	3.78	4.06	4.14
Suitability	4.22	4.34	3.64	4.25	4.11
Philosophy	7.79	7.94	7.07	7.53	7.60
Setting	8.68	6.94	3.62	7.95	6.69
Objectives	7.64	8.00	6.07	6.35	7.10
Staff	8.11	8.36	7.39	7.65	7.92
Participants	8.00	8.36	7.55	8.00	7.99
Activities	6.93	7.64	6.17	6.80	6.92
Cost	7.71	8.75	6.41	7.55	7.64
Outcomes	7.18	8.15	6.68	7.10	7.33
Organization	8.07	8.09	7.14	7.31	7.70
Mean	7.79	8.03	6.46	7.36	7.43
N	29	33	29	30	110

level. These results provide a fairly strong endorsement of overall workshop effectiveness. Participants rated high: fellow participants, the competence of the staffs, organization, cost, and rationale.

Some variability among the workshops occurred. The most disparate result is found by comparing the facilities of Workshops A and C, slightly more than five points.

3. Strengths and Limitations. Participants were also asked to suggest workshop modifications (limitations) or indicate what features they would recommend retaining for future workshops. Because many of these comments were specific to a particular workshop, a complete combined summary is not feasible. A list of perceived strengths and limitations by workshop is presented in Figure 3. This list includes only comments which were mentioned by three or more participants.

[Insert Figure 3 here]

In addition to the frequency of "strengths" outnumbering comments regarded as limitations, a large number of participants at all the workshops endorsed the overall workshop experience (N = 41) and the small group format (N = 37). The most frequently mentioned limitation was that pre-workshop materials and information could be improved both in content and use (N = 23). More free time was suggested by twenty faculty.

Strengths and Limitations

(Numbers in parentheses indicate the number of participants who mentioned the component.)

STRENGTHS

Workshop A

1. Small group discussions (10)
2. The activities used for teaching (7)
3. Total program was excellent (5)
4. A well-structured experience which also maintained flexibility (4)
5. The environment (physical and psychological) (4)
6. The pre-assigned materials

Workshop B

1. Total program was excellent/more of the same (21)
2. Small group discussions (14)
3. The staff or members of the staff (13)
4. Micro-teaching (audio-visual tapes) (10)
5. Atmosphere created by the staff (6)
6. Size of the group (3)

Workshop C

1. Emphasis on experiential (process) learning (9)
2. Use of psychological tests by participants (7)
3. Use of "design groups" for problem solving (6)
4. Some concern or misgivings when I came, but it turned out to be a good experience (6)
5. Mini-versities (presentations by the participants) (5)
6. Open, non-threatening, flexible atmosphere (5)
7. Small groups, triads (4)
8. Basic philosophy of the workshop (3)

Workshop D

1. Generally a well-structured and enjoyable experience (9)
2. Small group activities and discussions (7)
3. Nominal group process for problem identification (6)
4. Feedback experiences (5)

LIMITATIONS

Workshop A

1. Better use of pre-workshop materials and/or better pre-workshop information (11)
2. More small group work (or one to one opportunity to exchange ideas (8)

Strengths and Limitations

LIMITATIONS

Workshop A
cont.

3. More direction at the evening sessions (5)
4. More focus on education v. budgets/research
5. Add work on communication skills/IPR (4)
6. More homogeneous participant backgrounds and experience (3)
7. More free time (3)
8. More specific tools (3)

Workshop B

1. Expanded use of video-tape with experienced people (8)
2. More organization in small group activity (7)
3. Additional topics (specific) (5)

Workshop C

1. Too long and tiring, more time needed for R and R and informal interaction, more "alone" time (17)
2. Poor facilities, rooms, meals, and setting. Too much noise interference (11)
3. Poor pre-workshop information and explanation (8)
4. Too little attention to the nuts and bolts of Family Practice Faculty Development (5)
5. Not enough time and attention of didactic material for developing ideas and concepts (5)
6. Too many psychological tests (4)
7. Many sessions lacked adequate preparation, e.g., goals defined, intended outcomes, etc. (3)

Workshop D

1. Guest lectures were of limited value; things mentioned were too long, poorly structured, too philosophical (6)
2. Need better pre-workshop materials and information (4)
3. More specific ideas on how to improve teaching (4)
4. Better presentation (more explicit) of goals for workshop and sessions.

Figure 3

B. Evaluator Ratings

The judgments made by the evaluation team are based on observations using the several rating schedules described earlier. These judgments include: (1) the fit of the curriculum to the original RFP, (2) the quality of specific workshop activities, (3) an estimate of the presence of seven dissemination and utilization factors suggested by Havelock, (4) the extent to which workshops met the RFP specifications (5) the suitability of workshop activities, (6) the effectiveness of the local evaluation, and (7) workshop cost. Each of these seven areas is discussed below.

1. Curriculum Check. The Request for Proposal issued by the Planning Committee called for workshop objectives in at least two of three faculty skill areas: (a) Teaching skills, (b) Administrative skills and/or Academic skills. Within each skill area, the RFP identified four general objective areas. These general objectives were further broken down into specific objectives. The Curriculum Check List (Appendix C) was developed to record the time and emphasis placed on each of the three skill areas.

For comparison purposes the total emphasis and time spent within each skill area was converted to percent values. The values for each workshop and combined workshops is presented in Table 4.

[Insert Table 4 here]

These results suggest that the workshops did in fact fulfill the RFP specification regarding objective areas. The combined

Table 4

Curriculum Emphasis and Perceived Knowledge Gain Scores

Workshop	Curriculum Area	Curriculum Emphasis (%)	Time (%)
A	Teaching	56	62
	Administration	29	24
	Academe	15	14
			Total hours 15.3
B	Teaching	49	75
	Administration	35	14
	Academe	16	11
			Total hours: 16.6
C	Teaching	43	53
	Administration	40	44
	Academe	17	03
			Total hours: 21.9
D	Teaching	47	49
	Administration	49	33
	Academe	04	01
	(Other)		18
			Total hours: 16.7
Combined Workshops	Teaching	49	60
	Administration	38	29
	Academe	13	7
	(Other)		4
			Total hours: 17.6

workshops gave teaching and administration 87 percent of the total emphasis and spent 89 percent of their time in these two areas. Topics related to academe (academic skills) and "other" received little attention. The workshop staffs all devoted half or more of their time to teaching skills and three of the four gave teaching major emphasis. While the emphasis and time estimates correlate quite highly, some apparent differences exist such as the 49% emphasis on teaching and 75% time spent at Workshop B. Differences such as this could result either from observer error or the amount of emphasis may have been moderate over an extended period of time. This would depress the emphasis values (rated from 1 = not mentioned to 7 = very strongly emphasized) and consequently the percent of emphasis relative to the amount of time spent.

Additional information is presented showing the total number of hours of actual instructional activities. These estimates do not include coffee breaks, lunch and dinner hours, free time, etc. and might be thought of as indicators of the intensity of workshop activities. Particularly noteworthy is the fact that Workshop C had the most total instructional hours while lasting the fewest number of days.

2. Component Session Ratings. Each workshop activity or component session was rated by the evaluation team for its Content, Presentation and Suitability using the 12-point scale shown below.

12 11 10	9 8 7	6 5 4	3 2 1
Excellent	Good	Fair	Poor

Because the sessions across workshops varied and were observed by different raters, complete summary data based on this technique is difficult and of limited value here. Even when activities or topics were similar, the workshop content or peculiar features diminish the capability to synthesize the rating results. Nevertheless a couple of observations can be made.

The mean rating for all sessions at each workshop are similar: Workshop A = 9.5; Workshop B = 8.4; Workshop C = 9.4; Workshop D = 9.6. These ratings were between "good" and "excellent" for three workshops and "good" for the fourth.

In general, guest speakers or speakers who were not continuously involved in workshop activities, or at least present, received lower ratings. Video-tape sessions received higher marks at two of the three locations where they were used.

3. Dissemination and Utilization. Each workshop session was rated by the evaluators on the seven Havelock factors described in the procedure section of this report. Anchor points for the nine-point rating scale are shown below:

9 8 7	6 5 4	3 2 1
Uses to fullest extent; major characteristic of the workshop	Typifies the workshop, but is not a major characteristic	Ignored; may have created a negative situation

While there was general rater agreement for most sessions, some difficulty in making ratings was noted. This was in part due to the difficulty of accurate definition of the complex set of

factors and the lack of an opportunity to discuss the scales with new judges. Also, the different workshops were rated by different individuals. These factors tend to limit the appropriateness of comparing the D & U factors across workshops.

Mean ratings on the seven factors for each workshop and workshop totals based on multiple session ratings by the two evaluators were computed and are presented in Table 5.

[Insert Table 5 here]

Examination of Table 5 reveals three major variations in results across workshops. For instance, Workshop C was rated more than one point higher on Linkage than the average of the other three workshops. This finding appears valid as Workshop C was designed to promote interpersonal growth and was characterized by open discussion and open staff meetings. Note that this workshop was rated relatively high on Openness, which correlates fairly well with the Linkage factor.

A second observation is the low rating on Openness (5.5) for Workshop D. An emphasis on structure (6.2) and planning and the formal demeanor of participants (white shirts and ties) seemed to inhibit flexibility and informal communication.

Finally, Workshop A received "high marks" in both Reward and Proximity. This finding seems to support the evaluator's observation that the setting, staff and participants fostered psychological proximity while the heavy staff involvement in all activities resulted in a relatively strong reinforcement schedule (Reward).

Table 5

Dissemination and Utilization Ratings
for Four Workshops*

FACTOR	Workshops A	B	C	D	Combined Workshops
1. Linkage	7.0	6.1	7.5	6.1	6.7
2. Structure	6.4	6.0	5.9	6.2	6.1
3. Openness	7.1	6.4	6.6	5.5	6.4
4. Capacity	6.5	6.0	6.0	6.0	6.1
5. Reward	7.0	5.8	5.5	5.8	6.0
6. Proximity	6.9	5.8	5.3	5.9	6.0
7. Synergy	6.1	5.4	5.6	5.8	5.7
MEAN	6.7	5.9	6.1	5.9	6.2

In general, the workshops rated high on Havelock's factors compared to seven other delivery systems previously rated using this technique. The STFM workshops have a grand mean of 6.2 compared to 5.3 for seven delivery systems reported by Welch and Ward (1975).

As a group, the workshops were effective in establishing Linkages and fostering Openness between the workshop staff and participants (Linkage = 6.7; Openness = 6.4). Possible explanations for this include the potential for close personal contact among participants and staff as a result of simply being together for a three or four day period. Small group activities, social hours, physical and/or psychological isolation probably encouraged interactions. In addition, various staff members exhibited empathy for the problems faced by the participants.

Finally, the D & U results show a relatively low workshop score for Synergy (5.7). In keeping with the RFP guidelines which required workshops to cover objectives in a minimum of two of the three faculty skill areas the workshop staffs presented a fairly large amount of material covering a variety of topics. The resultant pace of the workshops, moving from one topic to the next, reduced the opportunity for repetitiveness (Synergy) of single topic messages. Consequently participants did not have much opportunity to reflect on any given topic. Concern about the pace was both observed by the evaluators and frequently mentioned by participants during the workshops.

4. Discrepancy Analysis. Based on a review of faculty development literature the RFP recommended a number of guidelines

to follow in conducting faculty development workshops. Twenty-one such specifications were taken from the RFP. Prior to each workshop the evaluator examined the proposal to determine which of these specifications had been promised. A part of the monitoring task was to determine which of the specifications were met. This was done to help assess the importance of the various specifications for conducting faculty development workshops. A summary of the results for this procedure, called a discrepancy analysis, is shown in Figure 4.

[Insert Figure 4 here]

One of five signs is placed opposite the specifications for each workshop. If the specification was promised and met (at least partially) a "+" is shown; if the specification was promised but not met a "-" is shown; a "0" indicates that the particular specification was not promised and an "X" is found for specifications met but not promised. A question mark was placed if it could not yet be determined if the specification was met.

As shown in Figure 4, 82 percent of the specifications described in the RFP were met. Beyond this, 89 percent of the specifications promised by the workshops were in fact met. To a large extent, then, the workshops were both designed in accordance with the RFP specifications, and staffs did most of what they said they would do.

Four problem areas (defined as 50 percent or less compliance) are noted by the summary: (1) two of the workshops did not share workshop objectives with the evaluation team prior to the workshop, (2) pre-post tests were given at only two workshops, (3) information concerning follow-up of participants has been received from only one

General Workshop Information

Discrepancy Analysis

RFP	Specification	A	B	C	D	Combined Workshops (Percent Met)
1.	Identifiable local leader.	+	+	0	+	75
2.	Evidence of M.D./non M.D./ Medical Educators involvement in planning and implementation.	+	+	+	+	100
3.	Equal opportunity for participation by all those who teach in Family Medicine.	X	+	X	-	75
4.	Sponsor (director of family practice program).	+	+	+	+	100
5.	$50 registration fee.	+	+	X	-	75
6.	No. of participants 30.	+	+	X	0	75
7.	Cost accounting	+	X	X	+	100
8.	Duration (3 days minimum).	+	+	+	+	100
9.	Participants meeting criteria (RFP p. 4).	+	+	X	+	100
10.	Objectives shared prior to workshop.					
	a. With participants	+	+	+	-	75
	b. With evaluator	+	-	X	0	50
11.	Pre-post test.	+	+	-	-	50
12.	Pre-workshop preparation.	+	+	+	+	100
13.	Delayed follow-up of participants.	?	?	+	?	25
14.	Behavioral objectives (2 of 3 areas).	+	+	0	+	75
15.	Objective to examine medical education reward system.	0	X	0	0	25
16.	Facility described.	+	+	+	+	100
17.	Guest faculty (min. 1).	+	+	+	+	100
18.	Faculty background appropriate for objectives.	+	+	+	+	100
19.	Teaching strategies--more than one.	+	+	+	+	100
20.	Use of multiple teaching aids.	+	+	+	+	100
21.	Local evaluation plan.	+	+	+	+	100
	Percent specifications met:	90	90	81	67	(82)

Figure 4

workshop, (4) none of the workshops specifically promised to examine the reward system in Medical Education. One workshop did, however, give brief attention to the issue. This situation is perhaps not surprising given the large number of objectives within the three faculty skill areas.

5. Evaluation Audit. The purpose of an evaluation audit (meta-evaluation) is to attest to the accuracy of the results and comment on the procedures used. The key question here is the determination of the extent to which the workshop's own evaluation was successful in assessing its objectives. Specific comments regarding evaluations are included in the individual reports. For the purpose of this report, only general statements about the local evaluation processes need by made.

As might be expected from the diverse set of workshops, the nature of the local evaluation activities varied significantly. At one location a group of participants designed and carried out the workshop evaluation as part of the group process activities. The resultant evaluation, while judged interesting and innovative, had some rather serious methodological flaws. Nevertheless, it was consistent with the open style of the particular workshop and provided some useful information, although little to support whether or not specific workshop objectives had been achieved.

The remaining three workshop staffs conducted local evaluations based on their own design. All three had multiple techniques while two of the three used some form of pre-post measure as

specified in the RFP. Statements regarding the overall effectiveness of these local evaluations cannot be made at this time because final results are not yet available. However, each of these plans included innovative and potentially valuable evaluation techniques which are described below.

In addition to the Nominal Group Process used as a pre-assessment measure and daily as well as overall evaluation questionnaires, Workshop D developed "Action Planning Guides" for faculty use in planning "back-home" goals and for follow-up evaluation. These guides were completed by participants at the close of the workshop. The plan is to contact each faculty member in the future to determine the extent to which he has achieved the goals he set for himself. This technique would seem to hold much potential as a follow-up evaluation mechanism and as a method of monitoring or improving workshop impact.

Workshop B developed two evaluation techniques in addition to a general workshop satisfaction questionnaire used at the close of the workshop. The first of these is a 25-item semantic differential scale comprised of items related to perception of the faculty role. This rating form was completed by participants prior to attending the workshop and was to be mailed to participants for completion two weeks after the workshop. Some of the items refer to attitudes such as "competitiveness" which would seem unlikely to change as a result of a three day workshop. In addition, it is sometimes unclear which direction responses should change to indicate growth,

e.g. "competitiveness" or "authoritarianism." However, the potential for this measure to provide information about faculty member role perceptions warrants consideration for further use.

A second technique involved the use of audio or video tapes. Each participant mailed a tape to the staff prior to the workshop, which was analyzed in terms of various teaching behaviors, rapport with residents, questioning technique, reinforcement technique and closure. Participants will again be asked to send another tape for similar analysis two to three months after the workshop. Rather than as a pre-post assessment tool, the procedure is to serve as a stimulus for participants to re-evaluate their teaching behavior. The tapes mailed prior to the workshop were not formally included in the workshop activities. Instead it was suggested that individuals who wanted feedback could arrange for a discussion with the workshop coordinator. In view of the participants' effort in making the tapes and staff time needed to analyze them, better utilization would seem warranted.

A particularly thorough evaluation of the extent to which specific objectives were achieved was conducted at Workshop A. Two pre-tests were used. One contained items to assess faculty members' knowledge about various topics related to the workshop objectives, the other asked the faculty participants to indicate how confident they felt in areas related to these same objectives. "Parallel" post-tests were administered at the close of the workshop. This procedure allows not only two measures of success in meeting the objectives, but can provide research information on the extent to which perceived confidence about specific skills correlate with

actual knowledge in those areas.

Additional local evaluation of Workshop B is being obtained using pre-post audio tapes of precepting encounters, and a subjective assessment questionnaire. Formative evaluation of participant progress was also completed during the workshop through staff feedback to participants about their individual work sheets. While results of this multiple procedure are not currently available, the methodology is sound and represents a potentially useful model for local workshop evaluation. It is pointed out, however, that the procedure is relatively expensive; the estimated cost for the evaluation and follow-up is $2,846.25.

In general, each of the local evaluations were at least partially effective in assessing local objectives as far as can be presently determined. Perhaps as important, each incorporated some feature(s) which is/are innovative. It is hoped that results of local evaluations will be made available to the STFM when they are completed.

6. Cost Summary. A final cost summary of the four workshops cannot be completed here because final cost accounting information is not available for two of them. The planned analysis for this reporting function was to summarize the actual cost figures for planning and carrying out each of the four workshops and provide relative figures for cost per participant instructional hour. This information was to serve three purposes: (1) to make cost information available to future workshop planners, (2) to assess the relative cost of different workshop models, (3) to compare costs of

workshops with other delivery systems. Given the constraint noted above, partial information will be provided relevant to each of the three purposes.

A summary of currently available expenses for each workshop is shown in Figure 5.

[Insert Figure 5 here]

Immediately noticeable are the gross disparities in total cost and expense categories between workshops. While the latter is in part due to the difficulty in combining different expense categories peculiar to each workshop, it is apparent that reported costs varied considerably.

It seems reasonable to assume that the cost of Workshops B and D are underestimated at least to the extent that staff salaries are not listed. Consequently, only Workshops A and C provide estimates for the total costs of planning and conducting a faculty development workshop. Similarly, the mean dollar values (combined workshops) for each expense category and total average workshop cost are likely to be underestimated.

The two workshops for which relatively complete information is known provide a contrast in costs for two very different workshops. The relatively high cost for Workshop A reflects a large amount of staff planning and development activities as well as a very thorough evaluation design. In addition, this workshop had six staff members actively engaged during the entire workshop, with a seventh member involved to a limited extent. By contrast, Workshop C was conducted by a three-member staff and presented a program for which almost

Workshop Expense Summary

Expenditure Category	A	B	C	D	Mean for Combined Workshops
Personnel					
a. Local professional staff	5,921	-	2,100	-	2,005
b. Visiting faculty	210	400	150	750	377
c. Secretarial	387	-	-	-	96
Educational materials/ supplies	705	590	-	138	358
Facilities	-	785	-	-	196
Guest and local faculty travel/lodging	839	544	530	625	635
Miscellaneous	-	751	300	976	507
Design/evaluation	2,846	-	1,320	-	1,041
	$ 10,908	3,070	4,400	2,489	5,215

Figure 5

all the development had been previously completed. These workshops may represent fairly accurate upper and lower bound cost estimates for conducting faculty development workshops similar in scope and purpose to those supported by the STFM. It is the evaluator's opinion that when complete accounting data is in, the costs for the remaining two workshops will fall between these bounds.

Examination of the costs of running a workshop as compared to other delivery systems is facilitated through converting program costs to amount spent per participant hour of instruction. This is obtained by dividing the product of the number of participants and instructional hours into the total cost. (Participants X instructional hours ÷ total cost.)

This procedure resulted in the following cost per participant instructional hour figures: Workshop A = $24.59; Workshop B = $5.78; Workshop C = $6.28; and Workshop D = $6.92. The mean cost per instructional hour for the four workshops is $10.89. The cost of other types of delivery systems have ranged from $4.80 to $20.80 per instructional hour. The mean for seven delivery systems designed for Curriculum Implementation Activity is $11.47 (Welch and Ward, 1975).

The total STFM cost per participant hour for the four workshops based on combined figures is $5.98. Thus it cost the Society of Teachers of Family Medicine about $6.00 to expose a faculty member to an hour of instruction in faculty skill development.

C. Staff Reactions

Information regarding workshop staff perceptions and concerns were obtained during pre- and post-workshop discussions and informally as the various activities were held. The pervasive expressed reaction to the overall workshop outcomes on the part of the staff was quite positive. Not only did the activities go pretty much as planned but participant feedback to the staff was, for the most part, encouraging.

Members of all four staffs began the workshop with some noticeable level of anxiety; this was especially true for the person designated as coordinator. To varying degrees this anxiety reaction was verbalized to the evaluators during the pre-workshop discussions. This reaction suggests that a significant amount of personal investment had been made in the planning and development stages and that a positive set of outcomes was considered important to the individual as well as to the staff as a whole. The positive outcomes expressed by participants as well as the relative smoothness of operations led staffs to express relief and a sense of personal pride for their part in the "successful" operation.

With the exception of the workshop based on a "packaged format" staff members, again, especially coordinators, indicated that time demands for planning, development and implementation of a faculty development workshop were great. However, it was suggested that the resources necessary to repeat the program would be significantly reduced. The comment was made by one staff member that perhaps it would be difficult to replicate the work-

shop under similar conditions of anxiety and enthusiasm. A conscious effort would be required to avoid reducing the impact of a future workshop by allowing the presentations and activities to become "canned."

A last observation, also expressed by two staffs, was that the process of putting together a faculty development workshop had served to enhance the working relationship and cohesiveness of the local family practice medicine staff. In addition, members at the two other locations used the workshop experience to either air personal grievances or to better understand their own interpersonal behavior with other staff members.

V. Discussion and Recommendations

The bulk of the evaluative information has been presented in the preceding pages. However, the STFM Education Planning Committee has asked that we provide additional discussion and recommendations based on our observation of the workshops and interpretation of the data presented in this report. While we concur that it is appropriate to include our suggestions and comments, we urge the reader (decision-maker) to independently examine the evaluation information before attending to our discussion.

Perhaps the most general statement which can be made regarding the four faculty development workshops is that they were successful. It is the evaluators' opinion that each was professionally conducted by a staff which was sincere in its desire to achieve a specific set of objectives, objectives which to a great extent were those

specified in the RFP. This generalized success across workshops suggests that the "model" for faculty development workshops can and probably should vary, depending on local resources. By most evaluation standards and comparisons, the three workshops planned and conducted by fairly large and diverse university staffs were judged as very effective. The consultant team model was inexpensive, readily established, achieved some of the specified objectives and was rated as worthwhile by participants and evaluators.

Using the content criterion of change in perceived knowledge, all the workshops were successful in achieving the objectives in the teaching skill area. Impressive gains were also demonstrated in the academic and administrative knowledge areas. While much less dramatic, results showed faculty perceiving the various faculty skills as being more important as a result of the workshops. As a final comment, the workshops all received relatively high ratings from participants and evaluators on the workshop components, individual sessions and dissemination and utilization factors.

In addition to the judgment of overall quality and assessment of the extent to which workshops achieved the specified objectives, information is available regarding various component features of workshops.

A variety of evidence suggests that the workshops attempted to cover too much material in the allotted time. This resulted in high density, fast-paced presentations which neither allowed participants to focus their attention nor reflect on a few important topics. To some extent this situation was unavoidable

because the RFP specified that workshops present material in at least two of three content areas. Participant comments on the questionnaire as well as during the workshop (especially the first day) suggest that they had not fully synthesized some material before moving on to new topics. The staff, on the other hand, expressed a need to "press on," to get through the scheduled activities.

The high density of material was a major factor in the relatively low evaluator ratings for workshop synergy, the extent to which material was covered by a variety of methods and repetitions. Workshop synergy was rated 5.7 while the remaining six factors had a mean rating of slightly over 6.2. The sheer amount of information presented did not permit useful review of important topics.

While many areas were discussed, definite emphasis was placed on teaching skills; as shown in Table 4, twice as much time was devoted to teaching relative to administrative skills. The perceived knowledge gain was also greater for objectives related to teaching skills. This suggests that a critical variable for effecting change in specific faculty skill or knowledge areas is simply time devoted to them or time on target.

The data also support the appropriateness for focusing on knowledge of teaching skills. First, objectives related to the teaching area were rated by participants as being the most important faculty skills relative to administration and academic skills on both the pre- and post-test administrations of the FAR.

Reinforcing the importance attached to teaching skills, the participant faculty members most frequently mentioned improving their teaching skills when asked to list their reasons for attending the workshop in faculty development. Graduate teaching was ranked first among faculty interests of participants and more time is spent in instructional activities than any other category.

Related to the focus on teaching, but perhaps best described as an unintended outcome, was the opportunity workshops gave participants to discuss mutual problems with other faculty members and the workshop staff. Anticipating this opportunity, participants listed it second only to improving teaching skills as their reason for their attending a workshop. Conversations at lunch, during social hours or "breaks" were more likely to be "shop talk" than "small talk"; at least those observed by the evaluators. Participants were also heard to remark that they were relieved to hear that the workshop staff didn't have "all the answers" to questions on how to run a residency program. The high component ratings given to "fellow participants" (7.99) indicate they contributed to the overall experience.

It is the evaluators' opinion, however, that in some cases participant contributions solicited by the staff may have been excessive. At all the workshops the faculty were required to apply information to real problems or situations at their home institution. However, in some cases the participants were involved to the extent of "teaching" each other or mutually grasping for the

right answers. For example, small groups of faculty at times found themselves attempting to arrive at solutions to particular problems without a staff leader to direct or guide their efforts. The result was often confusion and more or less random activity in pursuit of the best answer. In addition, some time was lost in establishing leadership within the group, non-productive activity considering the pace and density of material. Workshop staff should have kept in mind that participants came to learn, not to teach. While it may have made participants feel good to see that even the staff did not have all the answers, the expectation was that they would be given direction. And, while the overall reaction to the various small group activities was quite positive, many comments were found suggesting they be better organized. These were most frequent where the small groups functioned in the absence of a staff facilitator. The conclusion seems to be that maximum benefit is derived from groups which are focused and guided by a staff person. An additional requirement is that this be a staff member who is viewed by participants as an integral part of the workshop.

Several instances were observed where persons were introduced into workshop events who had not worked closely with the staff or been heavily involved in various activities. Their effectiveness was limited. This group included guest lectures and staff lecturers and discussion facilitators who made only one appearance. While a couple of exceptions were noted, "new" people were viewed by

faculty as outsiders and did not seem to have a very good feel for the overall workshop goals or expectations of participants.

There is little evidence to support the RFP specification that a guest faculty member be invited to address the workshop participants. In addition, the results favor staff members who are integrated into the total workshop design and present for at least a majority of activities. Participants perhaps "tune in" only after a sense of trust and empathy has been established through continued contact with the staff. The establishment of this relationship appears critical, especially for the workshop leader.

The RFP included the specification that each workshop have an identifiable local leader. Based on observation of the workshops, it is apparent that the local leader need be not only identifiable, but viewed as a legitimate authority in their area. Strong personal and leadership skills are essential and "charisma" a definite advantage.

Because the workshop objectives were outside the realm of family practice medicine, per se, local leadership was provided by persons other than family physicians. The workshop leaders who were observed to be most effective had been legitimized by the former family practice physician who headed the sponsoring department of family medicine. These individuals were introduced as professionals in their area who were held in high regard by the residency director. This initial testimony, along with demonstrated leadership ability and content knowledge resulted in a pervasive sense of confidence on the part of participants.

Another area judged to be critical in the conduct of faculty development workshops for family physicians was the setting and facilities. While the evidence does not suggest that an effective workshop will result from excellent facilities in a favorable setting, there is evidence that poor facilities and setting substantially detract from the workshop experience. Distracting noises from low-flying jet aircraft and loudspeaker announcements for "tee times" seriously disrupted activities at one workshop site. Similarly, grumblings about the accomodations and/or food at two of the four workshops did not add to the workshops' experience. The remote retreat setting not only promoted positive feelings but helped to establish a sense of psychological isolation which perhaps increased the participants' capacity to focus on the workshop objectives. It is believed that family physicians as a group are accustomed to a relatively high standard of living and perhaps expect pleasant and comfortable surroundings. A failure to meet this expectation may detract from their attentiveness or motivation. Likewise, psychological isolation seems to be important. To this end, remote settings are most appropriate.

The number of participants for faculty development workshops specified in the RFP was limited to 30. While perhaps not a critical workshop parameter this number of participants seemed optimal. The primary consideration related to the number of participants is to balance cost effectiveness with staff capacity to provide adequate instruction. Participants, staff, and evaluators

tended to agree that thirty participants represented an upper bound to the number of participants which could be effectively managed for these kinds of faculty development activities.

While confirming the RFP guideline for 30 participants, there was no evidence to support the desirability of having two faculty members attend from each program. In many cases this was not feasible anyway because local residency programs could not afford the loss of two staff members concurrently. Support for this participant criteria might come from follow-up information showing better implementation of workshop objectives where faculty attended from one institution.

Related to participant criteria are two elements considered important for future workshops: pre-workshop information/exercises and recruitment. In spite of all four workshops having sent out pre-workshop materials, many comments were made by participants that the workshop goals or activities were unclear and that the pre-workshop exercises could have been better incorporated into the workshop activities. Some negative statements were made about under-utilization of work which had been dutifully done prior to attending. The message seems clear; participants want a complete picture of the overall workshop objectives prior to attending as well as knowledge about the specific focus of individual activities as they occur. And, when they are asked to complete work prior to attending, they expect to see the fruits of their labor.

Clear and concise information about workshop objectives and

activities can provide the basis for recruiting participants. Rather than simply offering a "workshop in faculty development" a concerted effort needs to be made to inform prospective faculty of value of attending such a workshop. While three of the four pilot workshops were "filled," additional effort may be required to insure full quotas (N=30) in the future.

Better pre-workshop materials and information should include an accurate description of activities which in turn should be developed with an understanding of the participants' capacity and familiarity in doing them. In other words, activities should be both appropriate (suitable for the objectives) and compatible with the psychological framework of participants for the duration of the workshop.

Information regarding the suitability of the various activities was obtained as part of the evaluator ratings of component sessions. The overall Suitability value of 9.6 based on a 12-point scale (between good and excellent) suggests that the <u>set</u> of activities chosen by the workshop staffs was appropriate for the workshops objectives. A similar rating on the component "Activities" was made by participants, mean = 6.92 using a 9-point scale. This set of activities was generally structured to provide some content (lecture) followed by discussion and application (small groups) and concluded with synthesis (presentation and discussion of small group findings). Note that the synthesis stage was judged to have been underutilized and the effectiveness of the small groups was dependent on staff guidance.

Another important variable which should be attended to when planning workshop activities is awareness of various states of participant readiness. This becomes crucial when considering the problems mentioned earlier regarding the density and pace of information presented during a three day workshop. Three psychological or psychophysical characteristics of the workshop groups were noted and include group cohesion, fatigue and information overload. A rough estimate of the observed change during the workshop for these three variables is shown in Figure 6.

[Insert Figure 6 here]

The figure shows general trends toward higher group cohesion, fatigue, and information overload as the workshop progresses. While the fatigue factor has a definite daily component, both group cohesion and information overload tend to steadily increase. The amount of change is generally proportional to the slope of the line. The anomolies occurring during registration include a rapid increase in group cohesion probably resulting from social hour activities, relatively high fatigue from travel ($\bar{X}$ = 625 miles one way) and some information overload related to the description of activities, schedules, housing arrangements, etc. The graphic displays are not intended to be definitive in showing exact levels of change; rather these observations encourage future workshop planners to consider these factors. Some free time scheduled about the second afternoon, for example, might significantly alter the slopes of these lines.

As a final point of discussion, it is believed that the overall effectiveness of the workshops was probably enhanced by the presence

Group Cohesion, Fatigue and Information Overload as a Function of Time

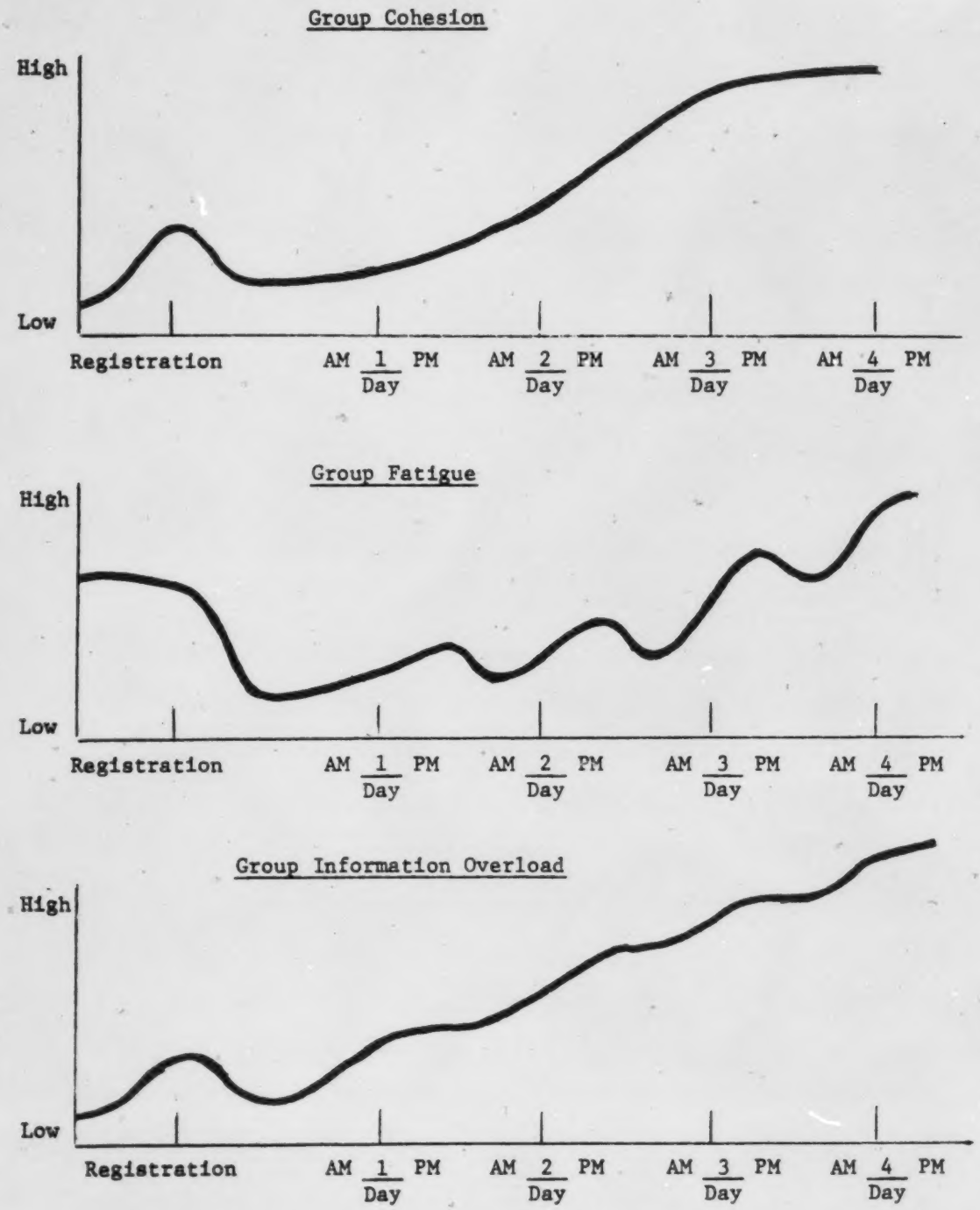

Figure 6

of the external evaluation itself. Workshop planning and development was carried out with knowledge that evaluation would take place. The presence of the evaluator and STFM Committee member heightened concentration and attention to detail as reported by some workshop coordinators and staff. At the same time, the pilot status of the project as well as the expressed use of the evaluative data (guide development) maintained the "threat of evaluation" to a reasonable and productive level.

Based on the results and foregoing discussion, the following recommendations for future faculty development workshops for faculty of family practice residency programs are offered.

(1) Additional faculty development workshops similar to the pilot models be made available to other interested family practice residency faculty.

(2) The particular model for workshops be chosen to maximize utilization of local resources.

(3) The number of faculty development objectives be limited for each workshop and focus on a single skill area.

(4) The number of participants at faculty development workshops be set at about 30.

(5) Guest speakers are not critical for workshop success.

(6) Facilities and setting should be carefully selected to provide both creature comforts and psychological isolation.

(7) Strong leadership is important to workshop success.

When appropriate, assistance in establishing participant confidence in a non-M.D. leader can be facilitated by testimony from a respected family practice physician.

(8) Accurate and complete pre-workshop information regarding content, activities, facilities and so on should be sent to participants prior to the workshop.

(9) Care should be taken to fully explain pre-workshop assignments and integrate them into the workshop experience.

(10) Staff members brought in for brief periods, such as lecturers or discussants, were not particularly effective. Continuous participation by staff members appears important in establishing a sense of trust and rapport with participants.

(11) Unstructured or participant-led discussion groups are not as effective as those guided by workshop staff.

(12) The pace of activities and amount of material presented in a workshop format results in rather rapid increases in participant fatigue and information overload.

(13) Full quotas for future workshops will perhaps require a concerted recruitment effort.

(14) Some positive increment to faculty development workshop success can be obtained by providing some external evaluation or monitoring.

In concluding this report, the evaluators would like to express their appreciation to the four workshop staffs and the Education Planning Committee of the Society of Teachers of Family Medicine. Staff at all the workshops were equally cooperative in assisting the evaluation teams. We also believe they should be commended for their hard work and creative energy in planning and conducting these innovative and successful workshops. At the same time, the overall success of the project was in large part engineered by the STFM Education Planning Committee. Careful planning, attention to detail and hard work characterize the committee's operation. It has been a pleasure to have worked with individual members at the four workshops as well as the entire committee at several planning meetings.

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Appendix A

Participant Questionnaire

Identification Number: _____

PARTICIPANT QUESTIONNAIRE

General Instructions

The purpose of this questionnaire is to gather information about your perceptions of the Workshop which you have just completed. This information will be used primarily to aid the development of similar workshops in the future. Your candid response to all items is appreciated. Thank you for your assistance.

Part I - Background: Please fill in the following spaces related to your background and institution.

A. Background

1. Position/title _____

2. Degree _____ Date Received _____

3. Faculty experience (yrs) _____

4. Have you attended other Faculty Development Workshops? Yes ___ No ___

   If yes, indicate total number of days _____

5. Professional specialty _____

6. Please indicate the approximate number of hours per week you spend in the following activities:

   One to one precepting _____
   Formal classroom lecture _____
   Rounds _____
   Other instruction _____
   Research/writing professional articles _____
   Administration _____
   Committees _____
   Patient care _____
   Other _____

7. As a faculty member, how many students do you teach each year?

   Residents _____ Undergraduates _____

8. How were you chosen to attend this workshop? _____

   _____

This questionnaire was developed by Robert A. Reineke and Wayne W. Welch for the Society of Teachers of Family Medicine, Kansas City, Missouri.

9. What are your reasons for participating in this workshop?

   a. _____

   b. _____

   c. _____

10. What percent of your time is spent as a faculty member? _____%

11. What are your primary faculty interests? Rank the following:
    1 = most important 5 = least important

    _____ Administration
    _____ Continuing education
    _____ Graduate teaching
    _____ Research
    _____ Undergraduate teaching

B. Your Institution:

1. With what type of institution are you affiliated:

   _____ University _____ Federal agency
   _____ Hospital _____ Other (specify) _____

2. In what type of Hospital is your Family Practice Center located:

   _____ Community _____ Federal
   _____ University _____ Other (specify) _____

3. What is the approximate number of residents in your Family Practice Program? _____

4. What is the approximate number of faculty in your Family Practice Program? _____

5. How far did you travel to attend this workshop (one way)? _____mi.

II - Workshop

A. Reactions

Participants at previous workshops of this type have made the following statements about their workshop experiences. Please express your degree of agreement or disagreement with each statement.

(DD = Strongly Disagree U = Uncertain A = Agree)
(D = Disagree AA= Strongly Agree)

		(Circle one)
1.	"Most of what was covered the past few days will not be very helpful when I get back home."	DD D U A AA
2.	"The staff at this workshop seemed very competent."	DD D U A AA
3.	"I didn't like the style of this workshop."	DD D U A AA
4.	"I feel good about this workshop experience."	DD D U A AA
5.	"I wish I had stayed home."	DD D U A AA
6.	"I feel better about being a teacher in family medicine because of this workshop."	DD D U A AA
7.	"This workshop should be made available to all teachers in family medicine."	DD D U A AA
8.	"I would recommend this workshop to a colleague."	DD D U A AA
9.	"This workshop was one of the best I've ever attended."	DD D U A AA
10.	"Too much time was spent on non-productive activities."	DD D U A AA
11.	"I think I will be a better faculty member because of this course."	DD D U A AA
12.	"The things I learned here will be valuable to the rest of my colleagues back home."	DD D U A AA
13.	"Much of the workshop was a waste of my time."	DD D U A AA
14.	"The fancy educational stuff sounds good, but it just won't work for me."	DD D U A AA
15.	"Most of the presenters were poorly prepared."	DD D U A AA
16.	"I wish the pre-workshop materials had been better."	DD D U A AA

B. Workshop Evaluation: Please rate each of the following aspects of the workshop on the 9 point scale by circling the number that best describes your feelings.

1.	PHILOSOPHY/ RATIONALE	9 8 7 clearly stated and woven into course.	6 5 4 probably exists, but not emphasized.	3 2 1 none apparent in course operation.
2.	FACILITIES/ SETTING	9 8 7 excellent.	6 5 4 adequate.	3 2 1 poor.
3.	OBJECTIVES	9 8 7 clearly stated and useful to me.	6 5 4 generally clear and occasionally helpful.	3 2 1 not apparent or inappropriate.
4.	STAFF	9 8 7 highly competent and interesting.	6 5 4 average ability, some limitations.	3 2 1 ill prepared and uninteresting.

(continued)

5. FELLOW PARTICIPANTS	9 8 7 a congenial group which enhanced this experience.	6 5 4 were neither a positive nor negative factor for this workshop.	3 2 1 hard to relate to, detracted from this experience.
6. ACTIVITIES	9 8 7 very appropriate for workshop goals, rewarding.	6 5 4 most okay, a few inappropriate or of limited value.	3 2 1 not very helpful, uninteresting, vague.
7. COST	9 8 7 well worth the money, a real bargain.	6 5 4 moderately reasonable.	3 2 1 a waste of time and money.
8. OUTCOMES	9 8 7 I feel I learned a great deal.	6 5 4 I've learned a few new things.	3 2 1 nothing new learned of any value.
9. ORGANIZATION	9 8 7 very organized.	6 5 4 adequate organization.	3 2 1 unorganized.

C. Recommendations

1. What changes would you suggest in this workshop to improve the experience for persons like yourself?

_____

_____

_____

2. What components/features would you especially want retained in future workshops?

_____

_____

_____

3. Additional Comments:

_____

_____

_____

_____

_____

Appendix B

Faculty Activities Rating

Identification Number: _____

FACULTY ACTIVITIES RATING

INSTRUCTIONS

Listed below are three sets of statements which describe various activities related to Faculty of Family Practice Programs. For items 1-21 indicate your feeling about the importance of each activity and how knowledgeable you feel about each. Use the scales shown below.

Importance Rating:
V = Very important
S = Somewhat important
N = Not important

Knowledge Rating:
4. Very knowledgeable
3. Somewhat knowledgeable
2. Somewhat unknowledgeable
1. Very unknowledgeable

(circle one) V	S	N		(circle one) VK	SK	SU	VU
V	S	N	1. Assess the needs of students in my area of expertise.	4	3	2	1
V	S	N	2. Write curriculum goal statements.	4	3	2	1
V	S	N	3. Locate and use resources needed for curriculum design.	4	3	2	1
V	S	N	4. Write instructional objectives based on goal statements.	4	3	2	1
V	S	N	5. Devise strategies and allocate resources to help students meet learning objectives.	4	3	2	1
V	S	N	6. Exhibit skill in using communicative techniques which aid resident learning i.e., persuasion, rapport, timing and pacing.	4	3	2	1
V	S	N	7. Devise and use tests of resident abilities.	4	3	2	1
V	S	N	8. Utilize certain statistical and experimental design methods for course planning and student evaluations.	4	3	2	1
V	S	N	9. Use evaluation information (feedback) to implement changes in teaching strategies.	4	3	2	1
V	S	N	10. Know and use the organizational structure including lines of authority and the informal power structure (including delegating authority when appropriate).	4	3	2	1
V	S	N	11. Identify administrative information sources and systematically obtain required information.	4	3	2	1
V	S	N	12. Maintain a convenient file of useful information.	4	3	2	1
V	S	N	13. Respond to organizational information requests and deadlines.	4	3	2	1
V	S	N	14. Function as a committee member and make use of committee expertise to accomplish your objectives.	4	3	2	1
V	S	N	15. Utilize resources (especially colleagues) within your department to upgrade skills in less familiar areas of family practice disciplines.	4	3	2	1
V	S	N	16. Practice in the various disciplines of family practice.	4	3	2	1
V	S	N	17. Maintain contact with developments within the field of family practice and in related fields, e.g., critically review research in professional literature.	4	3	2	1
V	S	N	18. Formulate research ideas in acceptable research design formats including use of design consultants when necessary.	4	3	2	1

This questionnaire was developed by Robert A. Reineke and Wayne W. Welch for the Society of Teachers of Family Medicine, Kansas City, Missouri.

V	S	N		VK	SK	SU	VU
V	S	N	19. Write journal articles, position papers and grant proposals.	4	3	2	1
V	S	N	20. Prepare and deliver interesting and informative presentations appropriate for conferences, rounds, meetings and conventions.	4	3	2	1
V	S	N	21. Provide information in both formal and informal one-to-one situations (e.g., an advisor, a colleague and a subordinate).	4	3	2	1

Items 22-32 refer to personal skills and objectives. Respond to these items as above: Note that the scale on the right refers to a self-assessment of your strength or limitation for each item.

4 - Personal strength
3 - Above average
2 - Below average
1 - Personal limitation

V	S	N		4	3	2	1
V	S	N	22. Establish personal rapport with residents.	4	3	2	1
V	S	N	23. Hone teaching skills so as to be entertaining and brief as well as informative.	4	3	2	1
V	S	N	24. Give each resident personal help in learning when needed.	4	3	2	1
V	S	N	25. Share skills and teaching experiences with colleagues.	4	3	2	1
V	S	N	26. Meet formal requirements for promotion and official recognition as a preceptor.	4	3	2	1
V	S	N	27. Set personal teaching objectives and assess your accomplishments against them.	4	3	2	1
V	S	N	28. Offer administrative assistance to colleagues.	4	3	2	1
V	S	N	29. Seek credit for your accomplishments and the accomplishments of others, when deserved.	4	3	2	1
V	S	N	30. Participate in the social milieu of the organization.	4	3	2	1
V	S	N	31. Take personal pride in and contribute to the recognition of the field of family practice.	4	3	2	1
V	S	N	32. Seek colleagues whose recognition and appreciation is valued.	4	3	2	1

Items 33-36 ask how you feel about your role as a faculty member. Respond to these items as above (their importance) and indicate the extent to which you agree or disagree with each.

AA = Strongly agree A = Agree D = Disagree DD = Strongly Disagree

V	S	N		AA	A	D	DD
V	S	N	33. I am very comfortable in my role as a faculty member.	AA	A	D	DD
V	S	N	34. I feel appreciated as a faculty member.	AA	A	D	DD
V	S	N	35. My contribution to Family Practice Medicine would be greater as a practitioner than as a teacher.	AA	A	D	DD
V	S	N	36. Teaching Family Medicine is a personally rewarding experience.	AA	A	D	DD

Appendix C

Curriculum Check List

Workshop _____

Auditor _____

CURRICULUM CHECK LIST

Family Practice Workshop Evaluation

COMPONENT	EMPHASIS [2]	TIME SPENT (HRS) [3]
I. Teaching Role		
A. Designing curriculum	_____	_____
B. Devise/use teaching strategies	_____	_____
C. Evaluation	_____	_____
D. Developing support systems	_____	_____
II. Administrative Role		
A. Using the authority structure	_____	_____
B. Information flow	_____	_____
C. Functioning in groups	_____	_____
D. Developing support systems	_____	_____
III. Academic Role		
A. Self renewal	_____	_____
B. Plan/review research	_____	_____
C. Communication	_____	_____
D. Developing support systems	_____	_____

1. See Appendix A of RFP

2. Use the following key:

   7 - Very strongly emphasized
   6 - Strongly emphasized
   5 - Fairly strongly emphasized
   4 - Somewhat emphasized
   3 - Occasionally mentioned
   2 - Mentioned once or twice
   1 - Not mentioned

3. Estimate time devoted to topic in hours

Appendix D

Component Session Rating

Component Session Rating

Family Practice Workshop Evaluation

PROGRAM SUBJECT:	AREA	EXCELLENT	GOOD	FAIR	POOR
	Content:				
	Presentation:				
	Suitability:				
Comments:					
	Content:				
	Presentation:				
	Suitability:				
Comments:					
	Content:				
	Presentation:				
	Suitability:				
Comments:					
	Content:				
	Presentation:				
	Suitability:				
Comments:					

Appendix E

Dissemination and Utilization
Rating Form

DISSEMINATION AND UTILIZATION RATING FORM

Below are listed seven factors that are sometimes used to characterize workshops or other ways that are designed to transmit information. Please read the explanation of each factor and rate this workshop using the 9-point scale described below.

9	8	7	6	5	4	3	2	1
Uses to fullest extent; major characteristic of the workshop.			Typifies the workshop somewhat, but is not a major characteristic.			Ignored; may have created a negative situation.		

FACTOR	EXPLANATION	RATING
1. LINKAGE	refers to the degree of interpersonal or intergroup connection; compatible with experience and style of sender and receiver; mutual communicative relations exist; allows direct contact; two-way interaction.	_____
2. STRUCTURE	degree of systematic organization and coordination; structured program; systematic strategy; timing to fit user's problem-solving cycle; careful attention to the anticipation and management of the change process.	_____
3. OPENNESS	readiness to give and receive new information; flexible system and strategies; allows informal communications between sender and receiver about the innovation; must allow for alteration or adjustment for unanticipated user reaction.	_____
4. CAPACITY	competence to get the job done; knowledge, power, status, etc.; convey large amounts of information in short time; capacity of the medium to carry maximum information; accessibility to maximum number of users in minimum time; power to influence the potential user.	_____

FACTOR	EXPLANATION	RATING
5. REWARD	frequency, amount, mutuality of positive reinforcement; participation is a mutually rewarding experience; strategy with a history of success; medium which can convey feedback to sender and receiver (positive and negative); most effective medium has best reward history for sender and receiver.	_____
6. PROXIMITY	nearness in time, place, context and feeling; easily accessible medium; familiar to the user; provides opportunity for user to move in and out of his home community and make contact with outside groups.	_____
7. SYNERGY	the number and diversity, continuity, and persistence of different media used to transmit the message; continued and varied effort by the sender.	_____

Appendix F

Participant Summary Data

Identification Number: Combined Workshops

PARTICIPANT QUESTIONNAIRE

General Instructions

The purpose of this questionnaire is to gather information about your perceptions of the Workshop which you have just completed. This information will be used primarily to aid the development of similar workshops in the future. Your candid response to all items is appreciated. Thank you for your assistance.

Part I - Background: Please fill in the following spaces related to your background and institution.

A. Background

1. Position/title See attached sheet

2. Degree See attached sheet Date Received $\bar{x}$ = 1962 (s.d.-10.7 years)

3. Faculty experience (yrs) $\bar{x}$ = 2.16 years (s.d.=2.2)

4. Have you attended other Faculty Development Workshops? Yes 30% (N:30) No 70% (N:76)

   If yes, indicate total number of days $\bar{x}$ = 3.24 (s.d.=11.5)

5. Professional specialty See attached sheet

6. Please indicate the approximate number of hours per week you spend in the following activities:

	$\bar{x}$		$\bar{x}$
One to one precepting	10	Research/writing professional articles	.9
Formal classroom lecture	.8	Administration	11.2
Rounds	4.9	Committees	3.3
Other instruction	1.9	Patient care	15.6

   Other .9

7. As a faculty member, how many students do you teach each year?

   Residents $\bar{x}$=16.3 (s.d.=10.6) Undergraduates $\bar{x}$=22.0 (s.d.=42.7)

8. How were you chosen to attend this workshop? Self selected N=43 (41%)
   Other selected N=54 (51%). Combined N=9 (8%)

This questionnaire was developed by Robert A. Reineke and Wayne W. Welch for the Society of Teachers of Family Medicine, Kansas City, Missouri.

9. What are your reasons for participating in this workshop?

a. See attached sheet — First

b. _____ — Second

c. _____ — Third

10. What percent of your time is spent as a faculty member? $\bar{x}$ = 80 % (s.d.=34%)

11. What are your primary faculty interests? Rank the following:
1 = most important 5 = least important

Mean rank	
3.2	Administration
3.0	Continuing education
1.5	Graduate teaching
3.9	Research
3.2	Undergraduate teaching

B. Your Institution:

1. With what type of institution are you affiliated:

39	(36%) University	1 (1%)	Federal agency
60	(55%) Hospital	9 (8%)	Other (specify) _____

2. In what type of Hospital is your Family Practice Center located:

82	(75%) Community	2 (2%)	Federal
14	(13%) University	12 (11%)	Other (specify) _____

3. What is the approximate number of residents in your Family Practice Program? $\bar{x}$=16 (s.d.=10.3)

4. What is the approximate number of faculty in your Family Practice Program? 6.2 (s.d.=5.8)

5. How far did you travel to attend this workshop (one way)? $\bar{x}$=625 mi. (s.d.=6.29) range=2997

II - Workshop

A. Reactions

Participants at previous workshops of this type have made the following statements about their workshop experiences. Please express your degree of agreement or disagreement with each statement.

(DD = Strongly Disagree
(D = Disagree
U = Uncertain
A = Agree)
AA= Strongly Agree)

			(1) (2) (3) (4) (5) (Circle one)	
* S	1.	"Most of what was covered the past few days will not be very helpful when I get back home."	DD D U A AA	4.12
Q	2.	"The staff at this workshop seemed very competent."	DD D U A AA	4.50
* Q	3.	"I didn't like the style of this workshop."	DD D U A AA	4.11
	4.	"I feel good about this workshop experience."	DD D U A AA	4.28
* Q	5.	"I wish I had stayed home."	DD D U A AA	4.60
	6.	"I feel better about being a teacher in family medicine because of this workshop."	DD D U A AA	4.00
S	7.	"This workshop should be made available to all teachers in family medicine."	DD D U A AA	3.99
Q	8.	"I would recommend this workshop to a colleague."	DD D U A AA	4.14
Q	9.	"This workshop was one of the best I've ever attended."	DD D U A AA	3.87
* Q	10.	"Too much time was spent on non-productive activities."	DD D U A AA	3.72
S	11.	"I think I will be a better faculty member because of this course."	DD D U A AA	4.24
S	12.	"The things I learned here will be valuable to the rest of my colleagues back home."	DD D U A AA	4.04
* Q	13.	"Much of the workshop was a waste of my time."	DD D U A AA	4.32
* S	14.	"The fancy educational stuff sounds good, but it just won't work for me."	DD D U A AA	4.14
* Q	15.	"Most of the presenters were poorly prepared."	DD D U A AA	4.57
* Q	16.	"I wish the pre-workshop materials had been better."	DD D U A AA	3.41

B. Workshop Evaluation: Please rate each of the following aspects of the workshop on the 9 point scale by circling the number that best describes your feelings.

1.	PHILOSOPHY/ RATIONALE	9 8 7 clearly stated and woven into course.	6 5 4 probably exists, but not emphasized.	3 2 1 none apparent in course operation.	7.60
2.	FACILITIES/ SETTING	9 8 7 excellent.	6 5 4 adequate.	3 2 1 poor.	6.69
3.	OBJECTIVES	9 8 7 clearly stated and useful to me.	6 5 4 generally clear and occasionally helpful.	3 2 1 not apparent or inappropriate.	7.10
4.	STAFF	9 8 7 highly competent and interesting.	6 5 4 average ability, some limitations.	3 2 1 ill prepared and uninteresting.	7.92

S=Suitability
Q=Quality
* reverse scored

(continued)

5.	FELLOW PARTICIPANTS	9 8 7 a congenial group which enhanced this experience.	6 5 4 were neither a positive nor negative factor for this workshop.	3 2 1 hard to relate to, detracted from this experience.	7.99
6.	ACTIVITIES	9 8 7 very appropriate for workshop goals, rewarding.	6 5 4 most okay, a few inappropriate or of limited value.	3 2 1 not very helpful, uninteresting, vague.	6.92
7.	COST	9 8 7 well worth the money, a real bargain.	6 5 4 moderately reasonable.	3 2 1 a waste of time and money.	7.64
8.	OUTCOMES	9 8 7 I feel I learned a great deal.	6 5 4 I've learned a few new things.	3 2 1 nothing new learned of any value.	7.33
9.	ORGANIZATION	9 8 7 very organized.	6 5 4 adequate organization.	3 2 1 unorganized.	7.70

C. Recommendations

1. What changes would you suggest in this workshop to improve the experience for persons like yourself?

_____

_____

_____

2. What components/features would you especially want retained in future workshops?

_____

_____

_____

3. Additional Comments:

_____

_____

_____

_____

_____

Participant Questionnaire Summary Data

Combined Workshops

	N	Percent	Cumulative Percent
Item I-A 1: Position/Title			
1. Director, Family Practice Residency	36	33	33
2. Associate/Assistant Director, Family Practice Residency	31	28	61
3. Staff	27	25	86
4. Prof (Other)	4	4	90
5. Resident	9	8	92
6. Other	2	2	100
Item I-A-2: Degree			
1. M.D.	105	95	95
2. Ph.D.	2	2	97
3. Other	3	3	100
Item I-A-5: Professional Speciality			
1. Family Medicine	97	89	89
2. Specialist	9	8	97
3. Other	3	3	100
Item I-A-9: Reasons for Participating (Combined Workshops)			
1. Improve teaching skills	70	63	
2. Share/relate with other Family Practice faculty	48	43	
3. Self development	41	37	
4. Other	33	30	
5. Improve local program	27	24	
6. Improve administrative skills	24	22	
7. General educational objective	14	13	
8. Improve academic skills	5	04	
9. Develop home workshop	2	02	